

# UPDATE ON THE PLAN FOR THE CLOSURE OF LANTERMAN DEVELOPMENTAL CENTER



**JANUARY 2011**

**CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY**

**DEPARTMENT OF DEVELOPMENTAL SERVICES**



**“BUILDING PARTNERSHIPS, SUPPORTING CHOICES”**

## Index

<u>Title</u>	<u>Page</u>
<b>Executive Summary</b>	3
<b>Introduction</b>	6
<i>Purpose of the Report</i>	
<i>Background</i>	
<b>Progress Report on Resource Development</b>	9
<i>Development of Housing and Community Resources</i>	
<i>Adult Residential Facilities for Persons with Special Health Care Needs</i>	
<i>Money Follows the Person Grant</i>	
<i>Quality Management System</i>	
<i>Access to Health and Medical Services</i>	
<i>Lanterman Outpatient Clinic</i>	
<b>Residents of Lanterman</b>	18
<i>Transition Planning Process</i>	
<i>Lanterman Residents</i>	
<i>Residents of Lanterman Transitioned to the Community</i>	
<b>Employees of Lanterman</b>	28
<i>Staff Support Advisory Group</i>	
<i>Career Center</i>	
<i>Employee Composition</i>	
<i>Employee Transfers, Separations and Retirements</i>	
<i>Management of Staffing Until Closure</i>	
<i>State Staff in the Community</i>	
<b>Lanterman Property</b>	34
<b>Fiscal Update</b>	35
<i>Developmental Center Costs</i>	
<i>Regional Center/Community Costs</i>	
<b>Major Implementation Steps and Timelines</b>	40

For a copy of this report or more information, please refer to  
[www.dds.ca.gov/LantermanNews/](http://www.dds.ca.gov/LantermanNews/)

## **Executive Summary**

This report provides an update on the progress toward implementing the Plan for the Closure of Lanterman Developmental Center (Plan). This is the first statutorily required status report and covers progress from January 1, 2010, through December 1, 2010.

The Department of Developmental Services (Department or DDS) identified the need for closure of a large developmental center and recommended the closure of Lanterman Developmental Center (Lanterman or LDC) in January 2010. Following an extensive planning and communication process with stakeholders, the Department submitted the proposed Plan to the Legislature on April 1, 2010. The Plan was subsequently approved in October 2010 through enactment of the Budget Act of 2010 and trailer bill provisions necessary for the success of the Plan. The Department is now moving forward with closure activities as outlined in the Plan. Many of the activities are in the early stages of implementation.

The foundation of the Plan is to ensure that each resident's needs and choices are identified through the individual planning process, and, as appropriate, ensures community resource development to meet those identified needs. The closure process will be informed by policies and initiatives that were successful during the closure of Agnews Developmental Center (Agnews), but will be tailored for Lanterman. Throughout closure, the Department will be continually communicating and working with stakeholders to achieve a smooth and successful closure. Closure will not occur until appropriate services are available and the last resident has moved to the living option appropriate for his or her needs.

The Plan is supplemented by important legislation that was included in the trailer bill to the Budget Act of 2010 (Senate Bill [SB] 853, Chapter 717, Statutes of 2010, Budget Committee), as follows:

- Statutes authorizing the extension of Adult Residential Facilities for Persons with Special Health Care Needs (ARFPSHN) to persons who are transitioning from Lanterman. These facilities are designed to fill a gap in the continuum of licensed facilities, specifically to serve individuals with stable but enduring special health care needs.
- Statutes that provide for improved health care through managed care health plans for persons transitioning from Lanterman to the community.
- Statutes authorizing the implementation of an Outpatient Clinic to provide health and dental services to persons transitioning from Lanterman, ensuring the continuity of medical care and services as individuals transfer to new health care providers.

- Statutes authorizing the use of staff working at Lanterman to provide services in the community to former residents of Lanterman.

Key to successful implementation of the Plan is development of housing and community resources. The Department is working with the 12 Regional Centers (RC) representing residents of Lanterman to project resident needs and develop appropriate resources through existing funding in the Community Placement Plan (CPP). With the recent statutory authorization to utilize ARFPSHNs for persons transitioning from Lanterman, RCs are now refining their CPPs to adjust for this new type of residential care facility. As of December 1, 2010, the Department has approved 12 ARFPSHNs for development.

Consistent with departmental commitments in the Plan, three advisory groups have been established to provide advice and recommendations to the Department. The Resident Transition Advisory Group (RTAG) is evaluating the current transition process in place for residents at Lanterman, considering the processes and experience from Agnews, and developing recommendations for improvements for residents transitioning from Lanterman. The Quality Management Advisory Group (QMAG) is working to identify additional strategies and enhancements needed for quality assurance during and after a resident's transition into the community. The Staff Support Advisory Group (SSAG) which will support the Department's goals of ensuring adequate staffing to maintain operations throughout the closure process, and assisting staff in developing and pursuing personal plans for their future.

As of January 1, 2010, there were 401 residents who are covered by the Plan. Of the 401, 398 were being served at Lanterman, with another 3 individuals temporarily receiving services from nursing facilities in the community. As of December 1, 2010, 359 residents are being served at Lanterman, and 32 have transitioned from Lanterman to community facilities, specifically:

- 26 to an Adult Residential Facility, licensed by the Department of Social Services (DSS);
- 2 to a Residential Care Facility for the Elderly, licensed by DSS;
- 2 to a Congregate Living Health Facility, licensed by the California Department of Public Health (CDPH);
- 1 to an Intermediate Care Facility, licensed by CDPH; and
- 1 to the individual's family home.

As of December 2010, there were 1,175 employees at Lanterman. Fifty-one (51) percent are direct care nursing staff, 40 percent are non-level-of-care and administrative support staff, and 9 percent are level-of-care professional staff. For the period of January 1, 2010, to December 1, 2010, a total of 118 employees separated from Lanterman through transfer, retirement, resignation, dismissal or other cause. The Department is working directly with

LDC management and staff to closely monitor staffing levels in all areas to ensure that staffing standards are met and that the quality of services at Lanterman is maintained.

The closure of Lanterman will occur after the last resident transitions to his or her new living situation. To ensure the health and safety of individuals, transition will only occur after services and supports are available. The Department believes it can manage the closure of Lanterman within existing funding levels. The Department has provisional language in the Budget Act of 2010 that allows flexibility to move funding between items of appropriation within the Department's budget during the closure process. The chart on page 39 summarizes the Lanterman closure-related funding consistent with the Governor's Budget for 2011-12.

## **Introduction**

### **PURPOSE OF THE REPORT**

The purpose of this report is to provide an update on the progress toward implementation of the Plan.<sup>1</sup> The Plan was submitted to the Legislature for approval on April 1, 2010, and was considered by the Legislature during the 2010-2011 budget process, with significant testimony being received from stakeholders. In October 2010, with passage of the Budget Act of 2010, DDS moved beyond the planning stages and began activities associated with closure of Lanterman Developmental Center.

The foundation of the Plan is to identify each resident's needs and choices through the individual planning process, and, as appropriate, ensure community resource development to meet those identified needs. The Department is committed to the Lanterman Developmental Disabilities Services Act (Lanterman Act), and working with stakeholders to achieve a smooth and successful closure of Lanterman. Closure will not occur until appropriate services are available and the last resident has moved to the living option identified to meet his or her needs.

This report satisfies the statutory requirement in the Budget Act of 2010, Item 4300-001-0001, Provision 5, which states:

“The State Department of Developmental Services shall provide the fiscal and policy committees in each house of the Legislature with a comprehensive status update on the Lanterman Plan, by no later than January 10 and May 14 of each Fiscal Year, which will include, at a minimum, all of the following:

- (a) A description and progress report on all pertinent aspects of the community-based resources development, including the status of the Lanterman transition placement plan.
- (b) An aggregate update on the consumers living at Lanterman and consumers who have been transitioned to other living arrangements, including a description of the living arrangements (Developmental Center or community-based and model being used) and the range of services the consumers receive.
- (c) An update to the Major Implementation Steps and Timelines.
- (d) A comprehensive update to the fiscal analyses.
- (e) An update to the plan regarding Lanterman's employees, including

---

<sup>1</sup> The Plan is available on the DDS website at [www.dds.ca.gov/LantermanNews/](http://www.dds.ca.gov/LantermanNews/).

employees who are providing medical services to consumers on an outpatient basis, as well as employees who are providing services to consumers in residential settings.

- (f) Specific measures the state, including the State Department of Developmental Services, the State Department of Health Care Services, and the State Department of Mental Health, is taking in meeting the health, mental health, medical, dental, and overall well-being of consumers living in the community and those residing at Lanterman until appropriately transitioned in accordance with the Lanterman Act.
- (g) Any other pertinent information that facilitates the understanding of issues, concerns, or potential policy changes that are applicable to the transition of Lanterman Developmental Center.”

This report is the first update to the Plan and tracks progress from January 2010 until December 2010. The report is divided into six major sections:

- Progress Report on Resource Development
- Residents of Lanterman
- Employees of Lanterman
- Lanterman Property
- Fiscal Update
- Major Implementation Steps and Timelines

The next report will be issued with the May Revision to the Governor’s Budget for 2011-12.

## **BACKGROUND**

In January 2010 the Department announced the difficult decision to recommend to the Legislature the closure of Lanterman. The announcement was immediately followed by an outreach and planning process to obtain and consider stakeholder recommendations for development of a closure plan pursuant to Welfare and Institutions Code section 4474.1, governing the developmental center closure process. The Plan incorporated stakeholder input as well as best practices and policy initiatives from the recent closure of Agnews in March 2009. The Plan was submitted to the Legislature on April 1, 2010, and with the enactment of the Budget Act of 2010, along with various implementing trailer bill provisions, the closure activities were initiated.

The Department is now proceeding with implementation activities, and this report captures the primary areas of focus and progress between January and December 2010. The initiation of most activities commenced in October 2010, after enactment of the Budget Act of 2010 and the associated trailer bill. Many of the activities and objectives reflected in the Plan and pertinent legislation are in

their initial start-up phases. Key to making progress is having the necessary dialogue and training, including sharing information from the Agnews experience and adapting and incorporating policies and procedures appropriate for Lanterman. The Department's goal is to invest early in the process so that progress is made thoughtfully and strategically for the benefit of the residents. At the same time, residents continue to transition from Lanterman into the community as part of the normal planning and resource development efforts, providing urgency to the Department and those involved with closure to implement key components of the Plan and ensure the best possible outcomes for all residents.

Several activities have been organizational in nature, including the establishment of three advisory groups; specifically, the RTAG, QMAG, and the SSAG. They are now actively involved in meeting their charge, as described in the body of this report. The Department continues to meet regularly with parents and family members through the Lanterman Parents Coordinating Council (PCC). Regular meetings are being held at Lanterman with the employees so that Department management can share information, hear employee issues and respond to questions. Regular meetings are also occurring between DDS and the involved RCs, and between DDS and the California Department of Health Care Services (DHCS) to implement the provisions of trailer bill language that provide for health services through managed care health plans for eligible persons who will move from Lanterman into the community.

During the planning phase and continuing throughout closure, the Department has encouraged open dialogue and communication. As the process evolves, the ability to anticipate and proactively address issues will be based on the value added by the full and informed participation of the stakeholders.

## **Progress Report on Resource Development**

### **DEVELOPMENT OF HOUSING AND COMMUNITY RESOURCES**

The CPP is designed to assist RCs with funding to enhance the capacity of the community service delivery system to enable individuals with developmental disabilities the opportunity to live in the least restrictive living arrangement appropriate for their needs. Developing community capacity through the CPP process provides the necessary resources to prevent individuals from admission to a developmental center, as well as the necessary services and supports for individuals transitioning from a developmental center to the community, when appropriate. The CPP encompasses the full breadth of resource needs including the development of both residential and day services.

By law, the Department is responsible for reviewing and approving a CPP for each RC. Based on the needs of each RC's developmental center residents, RCs propose development of housing and other projects based on guidelines issued by the Department. Funds for the CPP are appropriated in the annual budget process based on departmentally approved projects and then allocated to the RCs.

CPP efforts have been refocused in Fiscal Years 2010-11 and 2011-12 to achieve a safe and successful transition of individuals from Lanterman to other appropriate living arrangements. The CPP process for the closure of Lanterman involves careful planning and collaborative efforts of the Department, Lanterman, the RCs, and the Regional Resource Development Project (RRDP). The services and supports needed by each individual, including, but not limited to, living options, day services, health services and other supports, are being identified through in-depth assessment and the planning team's development of the Individual Program Plan (IPP). The Department meets regularly with the Southern California RC Directors and CPP liaisons to focus on the specific needs of the residents for planning and resource development. With recent statutory authorization of ARFPSHN, discussed below, and as more is known about the residents' needs through the individual planning process, the CPP proposals for the affected RCs continue to be refined.

The Department proposes to replicate elements of the successful closure of Agnews and, with the collaboration of the RCs, will focus community resource development on efforts that reflect stable community residential housing that meets the specific needs of the individuals at Lanterman. The Department has approved the availability of funding to the RCs for increased specialized resource development.

The Southern California Integrated Health and Living Project (SCIHLP) will provide additional support in accessing available resources and developing additional housing. SCIHLP was established in Fiscal Year 2005-06 when nine

RCs in Southern California joined together to form this collaborative partnership. The intent of the partnership is to create permanent living options and individualized supports for persons who currently live in a developmental center or other large congregate care facility. The project does not intend to substitute or duplicate efforts of the individual RCs, but to assist RCs in regional resource development and identifying best practices for replication. Once the Lanterman closure was approved, SCIHLP's resource development and staffing resources were focused to assist RCs in developing regional resources to meet the specialized needs of LDC residents. Currently, the project assists RCs and LDC staff with assessments, identifying barriers, and developing smaller community-based settings for individuals.

The Department has successfully secured the Money Follows the Person (MFP) grant awarded by DHCS. MFP provides 100 percent federal funding for staffing at the affected RCs specifically to assist individuals who will move from Lanterman. As discussed in detail below, RCs will have a greater ability to develop and coordinate CPP projects and services for individuals during transition.

Additionally, the Department has secured the services of a licensing liaison to provide expert assistance with licensing, permitting, obtaining fire clearances, and supporting residential development involved with opening a community residential care home. In particular, the liaison coordinates licensing applications for new homes with DSS's licensing offices, ensures appropriate trainings and communications are occurring, and provides support and education to all concerned with the development and licensing of ARFPSHNs.

### **ADULT RESIDENTIAL FACILITIES FOR PERSONS WITH SPECIAL HEALTH CARE NEEDS**

As part of the Plan for the Closure of Agnews Development Center, legislation (SB 962, Chapter 558, Statutes of 2005, Chesbro), authorized DDS and DSS to jointly establish and administer a pilot project for certifying and licensing a new residential model to support those with unique needs within a homelike community setting. This model of care, sometimes referred to as "962 homes", requires 24-hour-per-day licensed nursing staff (Registered Nurse, Licensed Vocational Nurse, and Psychiatric Technician); DDS program certification; and mandatory safety features (fire sprinkler system and an alternative back-up power source). The use of this design was necessary to fill a critical gap in the existing residential licensure categories; specifically, residences for people with developmental disabilities who have a combination of specialized health care and intensive support needs. Under the ARFPSHN, the consumer's health conditions must be predictable and stable at the time of admission, as determined by the individual health care planning team and stated in writing by a physician. In addition to 24-hour-per-day nursing supervision, the law requires:

- Development of an Individual Health Transition Plan (IHTP) that lists the intensive health care and service supports for each resident and is updated at least every six months;
- Examination by the resident's primary care physician at least once every 60 days;
- At least monthly face-to-face visits with the resident by a RC nurse;
- DDS approval of the program plan and on-site visits to the homes at least every six months; and
- DSS licensure of the homes, which includes criminal background clearance, Administrator orientation, annual facility monitoring visits, and complaint resolution.

To address the health care needs of Lanterman residents, the trailer bill to the Budget Act of 2010 (SB 853, Chapter 717, Statutes of 2010, Budget Committee), enacted October 19, 2010, expanded use of the ARFPSHN licensure category for persons who require this level of care and are transitioning from Lanterman into the community. With DDS approval, resources within the existing budget for the CPP can be made available to fund the start-up and development of these homes. As of December 2010, the Department has approved 12 homes for development within existing CPP funds.

A group comprised of RC representatives has toured ARFPSHN homes in the San Francisco Bay Area and parents/families of Lanterman residents are scheduled for a tour on January 20, 2011. Additionally, RCs have received comprehensive training on how these homes operate, who they are designed to serve, the statutory requirements, and resource development considerations involved in developing ARFPSHN homes for LDC residents. As such, RCs are conducting assessments to determine the unique needs of each LDC resident and whether their needs could be met in an ARFPSHN.

#### **MONEY FOLLOWS THE PERSON GRANT**

Currently, DDS is participating in the federal MFP program, a substantial grant which is part of a national movement to facilitate the transition of individuals out of institutional settings and into communities. All consumers transitioning from a developmental center or a state-operated community facility to a four-bed or less community living arrangement will be enrolled by the RC in California Community Transitions, a federal MFP grant through an interagency agreement with DHCS. This grant will provide greater opportunity for assisting consumers in transitioning from Lanterman to Waiver services and maximizing Federal Financial Participation (FFP).

Through the MFP grant, the RCs have received 100 percent federal funding for 34 additional staff at a cost of \$3.5 million in Fiscal Year 2010-11 to support the development of specialized resources and transition of LDC residents into the community. The positions and their responsibilities include the following:

- *RC Community Living Specialist:* The RC Community Living Specialist (Community Living Specialist) performs the role of individual facilitator to find and arrange for services by working directly with LDC residents, their families, clinicians, service providers and significant others to develop and implement a comprehensive IPP addressing transition and community relocation. The position coordinates both services and service providers and facilitates completion of required documentation to secure housing and enrollment in other programs. The Community Living Specialist coordinates referral and assessment activities with agencies that provide medical and social services, including income maintenance, Medi-Cal eligibility, housing, modification of the home environment, transportation, and others as appropriate for preliminary care planning for services in a community setting, and ensures that the date of discharge of LDC residents is coordinated with the various programs and services available in the community. The position arranges for visits to consumers and conducts program follow-up to ensure appropriate services have been rendered, and performs other administrative and transition duties, as necessary, to guarantee sufficient service coordination. Revisions to the comprehensive IPP based on the consumer's preferences will be made as needed. The work of the Community Living Specialist includes both service brokering and overall coordination, and ensures individually-based, comprehensive and interactive transition planning for the consumer's success.
  
- *Behavioral Health and Other Clinical Specialist:* For LDC consumers with clinical, behavioral, psychiatric, or crisis service needs, a Behavioral Health and Other Clinical Specialist provides professional and/or medical assessments, and develops treatment plans regarding behavioral services and supports needed in the community. The position participates in development of the consumer's IPP and IHTP, as needed, and assists in training community vendors on the specific care needs of the consumer. The position also establishes and maintains working relationships with Lanterman staff and multiple community health and social services agency staff. Currently, RCs have in place memorandums of understanding with their respective county mental health agencies which include crisis response plans to address mental health support services. Staff supporting the consumer in the community will be trained on the implementation of behavioral and mental health support plans, and Department staff will be available to provide consultation, further training, and assistance in

the modification of plans to respond to emerging issues should the need arise.

- *Housing Services and Resource Specialist:* The Housing Services and Resource Specialist performs the detailed research needed in finding adequate housing and other resources to enable Lanterman residents to successfully transition to the community. The position participates in collaborative team meetings with LDC residents, family members, and LDC staff in order to determine the resident's needs for housing and other community resources. The Housing Services and Resource Specialist conducts outreach, recruitment, training, and development of potential providers of day, residential, transportation, and employment services. The position develops, issues, and reviews Requests for Proposals for solicitation of community providers, negotiates contracts and terms of performance, and monitors consumer outcomes. The position also provides education and support to community providers to ensure their successful understanding of the consumer's needs and the RC's expectations.
- *Quality Assurance Specialist:* The Quality Assurance Specialist provides professional training and development to community service providers, family support, professional clinicians, and consumer advocates on best practices to ensure quality services for individuals transitioning from Lanterman into the community. The position ensures required visitation, monitoring, performance, and evaluation enhancements are implemented and compliant with the contract and California Code of Regulations, Title 17. The Quality Assurance Specialist ensures that the health and safety of each consumer is addressed during and after the transition process.
- *Health Care Community Specialist:* The Health Care Community Specialist coordinates community health services and provides in-depth consultation and assistance with the enrollment and transfer of health care coverage to local area health insurance plans. The position provides information regarding Medi-Cal and/or Medicare health plan options to the consumer and family, assists with their evaluation of health care options, coordinates and facilitates eligibility, and, when indicated, assists the consumer to enroll in a health plan. The Health Care Community Specialist establishes effective working relationships with community medical services, including a framework for addressing issues that include information sharing, strategic planning, and the health plan enrollment process, and develops community capacity relative to the health care needs of individuals transitioning from Lanterman.
- *Oral Health Care Coordinator:* The Oral Health Care Coordinator identifies community clinics, dental offices, and hospitals willing to

serve as sources of oral health treatment for consumers transitioning from Lanterman into the community, and engages in activities to further develop community capacity and expand the number of available community dentists capable of providing the full range of prevention and care. The position works to enhance the availability of surgery suites and hospital-based dentistry resources that can provide timely and appropriate access to sedation dentistry services as well as coordinating dental hygienists' services. Additionally, the Oral Health Care Coordinator coordinates a comprehensive individualized assessment of the dental status and needs of each resident, and collaborates with case manager(s) to provide referral and tracking. The position also provides training directly to consumers and/or service providers on oral health and prevention.

In addition to securing the necessary approvals for these resources, the Department has provided training and direction to the RCs for proper use and claiming of these additional staff.

#### **QUALITY MANAGEMENT SYSTEM**

The California quality management system (QMS) is based upon the Centers for Medicare and Medicaid Services' (CMS) Quality Framework. At the core of the system is the consumer and family, and the purpose of the California QMS is to achieve quality outcomes for each individual in the service system. The Quality Management Advisory Group (QMAG) was formed in an effort to assure quality services and supports to each individual transitioning from Lanterman.

The QMAG consists of representatives from the PCC, the State Council on Developmental Disabilities (SCDD), Area Boards, Disability Rights California, People First of California, a Lanterman resident, and 12 RC representatives. The group first convened on August 12, 2010, at the San Gabriel/Pomona Regional Center to discuss the role of the group, to identify additional strategies and enhancements needed for the Lanterman closure, and to review quality assurance tools utilized in the Bay Area Quality Management System (BAQMS) in order to guide DDS and RCs during the Lanterman closure process.

The QMAG met on December 20, 2010, at LDC to discuss Lanterman-specific quality assurance requirements and additional proposed quality assurance measures.

#### **ACCESS TO HEALTH AND MEDICAL SERVICES**

Assuring that the health needs of all Lanterman residents are accurately and comprehensively addressed, while at the facility, throughout transition, and then ongoing, is essential to support the quality of life for each person affected by the closure. Several of the services and tools that were put into place during the

closure of Agnews are being reviewed and adapted for Lanterman closure. Included in essential health services components are:

- A comprehensive nursing and risk assessment tool that is completed for each individual prior to leaving Lanterman. The tool includes over 60 health-related items including risk conditions, special health care needs and dietary needs.
- An IHTP that comprehensively assesses, records and plans for all consumer health needs before, during and after transition to a community living arrangement. Incorporated within the IHTP are community behavior assessments for consumers with behavioral or transition challenges.

The work of the RTAG, discussed in the next section of this report, will play a key role in ensuring the health and well being of Lanterman residents, and providing transition guidelines for comprehensive planning purposes. Further supplemented by the work of the QMAG, recommendations will be made to the Department for improving quality management systems not only for transition, but for ongoing quality assurance and positive consumer outcomes.

#### Managed Care

DDS and DHCS are working together to coordinate issues and implement requirements and processes related to the provision of health care for persons who will move into the community from Lanterman. Key to their transition is immediate access to appropriate health care. The trailer bill to the Budget Act of 2010 (SB 853, Chapter 717, Statutes of 2010, Budget Committee), enacted October 19, 2010, extended provisions that were put in place for Agnews closure to also cover Lanterman closure. The language authorizes health care through managed care health plans for persons meeting specified requirements. It is anticipated that by accessing managed care, consumers will receive improved access to health services and enhanced case management. As with Agnews closure, the RC and the health plan will have case managers that coordinate and understand the person's special health care needs. For RCs, the Health Care Community Specialist will be funded through the MFP grant.

Following are key areas of work:

- DDS and DHCS have begun the dialog between health plans and RCs that will build on established partnerships and incorporate expanded opportunities for people transitioning from Lanterman into the community. On December 16, 2010, a conference call with representatives from all organizations was held, and the process to update Memorandums of Understanding (MOU) between the health plan(s) and RC(s) was initiated. Protocols will be developed consistent with statutory direction to ensure the health and welfare of each consumer, that all involved in the process are clear as to their roles and responsibilities, and that all are

- appropriately accountable for optimizing the health and welfare of each individual.
- DDS and DHCS are working on the MOU between the two departments for Lanterman closure.
  - Processes will be put into place to expedite health plan eligibility and enrollment prior to consumers leaving Lanterman so that they have timely access to health care in the community.
  - DHCS is developing rates for reimbursing the health plans pursuant to statute. Non-consumer-specific, health care expenditure data are being provided by DDS for this purpose.
  - DHCS will be working with the health plans to ensure that an appropriate provider network is in place, and additionally to modify current contracts to address this new component of service.
  - DDS and DHCS will address any policy or procedural issues that are identified throughout this process, and additionally seek approvals from CMS or other approvals, as determined appropriate.

#### **LANTERMAN OUTPATIENT CLINIC**

The trailer bill to the Budget Act of 2010 (SB 853, Chapter 717, Statutes of 2010, Budget Committee), enacted October 19, 2010, authorized the operation of an Outpatient Clinic at Lanterman. Like the Outpatient Clinic at Agnews, available medical and health services will be provided to individuals who move from Lanterman into the community, ensuring the continuity of medical care and services as individuals transfer to new health care providers. The statute requires the Department to operate the Outpatient Clinic until the Department is no longer responsible for the property.

An Outpatient Clinic does not exist at Lanterman today. The Lanterman management team is reviewing applicable regulations, building codes and licensing requirements, as well as requirements for vendorization by RCs, to establish the clinic. Additionally, they are working with staff familiar with the Outpatient Clinic at Agnews to learn from their experience and adapt appropriate policies and procedures for Lanterman's use. As a final step in evaluating the needs for the Outpatient Clinic, a physical plant assessment is being conducted to determine an appropriate location for the clinic and to identify any potential modifications and equipment that will be needed. Lanterman will be working with CDPH to augment its current license for providing outpatient services, and to address any other licensing issues that may be identified. At the Department level, coordination is occurring between DDS and DHCS to determine and plan for Medicare certification requirements, and identify any potential need for a

State Plan Amendment. Along with defining the scope of services, Department staff will be ensuring that appropriate utilization data are collected during operation of the clinic, and that a billing system is implemented for reimbursement for the services provided.

## **Residents of Lanterman**

### **TRANSITION PLANNING PROCESS**

As described in greater detail in the Plan, transition planning will be based on an intensive, person-centered IPP process, consistent with the requirements in the Lanterman Act. Planning team members will meet to identify each person's goals and objectives, and services and supports identified based upon the assessed needs, preferences and choices. Transition planning will be supplemented with a placement planning process that enables careful assessment and evaluation of the community living options that appear to meet the resident's needs. Additionally, before a resident moves from Lanterman, an IHTP will be developed by the planning team so that special attention is given to assure all of the necessary health supports are in place prior to the resident transitioning to a new living arrangement.

The importance of the transition planning process cannot be overstated. It is the mechanism by which critical decisions are made about a person's future, and life-supporting services are identified and made available at the right time. Only through careful planning and oversight can a safe transition for each person be assured. Because of its importance, the Plan identified the need for the RTAG to review the processes in place at Lanterman, consider the practices that were utilized during Agnews' closure and the lessons learned, and make recommendations to the Department for enhancements and improvements.

#### Resident Transition Advisory Group

The RTAG has been established to make recommendations to the Department to enhance the transition planning process in place for residents at Lanterman. Membership includes representatives from the Lanterman Resident Council, parents and family members of Lanterman residents, the involved RCs, advocacy groups, and employees of Lanterman and DDS. These members have provided different and valuable perspectives to the transition planning process.

The RTAG is charged with the development of Transition Guidelines to ensure the residents of LDC experience a safe and successful transition from LDC. Consistent with the Department's vision statement of Developing Partnerships, Supporting Choices, these guidelines will be based on the values of collaboration and person-centered planning. The guidelines are intended to include, but not be limited to, important elements of a process that will support individuals transitioning from the developmental center. Transition practices that worked well during the closure of Agnews have been shared, and members were invited to share other transition plan formats in use as reference material for the group.

Small and large group discussions have been facilitated to elicit input from the members to be incorporated into the guidelines. These discussions have included the identification of core elements of a transition, the roles and

responsibilities of those involved, and a review of the different stages of the process.

The RTAG has been meeting since September 2010 and is in the process of reviewing drafts of the Transition Guidelines. The RTAG will continue to meet until the Transition Guidelines are complete and ready to be recommended to the Department for implementation.

### **LANTERMAN RESIDENTS**

In January 2010, the Department first announced its recommendation to close Lanterman. The beginning date of the Plan for data reporting purposes is January 1, 2010. As of January 1, 2010, there were 398 residents being served at Lanterman and 3 additional individuals from Lanterman temporarily receiving services from nursing facilities in the community. Therefore, a total of 401 individuals are covered by the Plan.

#### Level-of-Care and Services Provided at Lanterman

Lanterman currently provides services to residents under three levels-of-care. The facility is licensed as a General Acute Care Hospital with distinct licenses for an Intermediate Care Facility (ICF) and Nursing Facility (NF). As of December 1, 2010, the Lanterman population included 363 people, compared to 401 on January 1, 2010. Of the 363 people, 359 are served at Lanterman with 93 individuals (approximately 26 percent) living on one of the facility's NF residences and 266 individuals (approximately 74 percent) residing on one of the facility's ICF residences. The remaining 4 individuals are temporarily receiving services in NFs in the community. The third level-of-care is provided on the Acute Care unit where residents are transferred to receive short-term medical and nursing care when they experience an acute health care condition. The census on each of the NF or ICF units ranges from 17 to 35 residents. The Acute Care unit averages 7 residents per day with an average length of stay of approximately seven days per visit.

Following is information on the 359 residents at Lanterman, what level-of-care they are receiving, and their RC:

<b>Lanterman Developmental Center NF and ICF Populations by Regional Center (Listed Alphabetically) As of December 1, 2010</b>			
<b>Regional Center</b>	<b>LDC POP*</b>		<b>TOTAL</b>
	<b>NF</b>	<b>ICF</b>	
	<b>93</b>	<b>266</b>	<b>359</b>
<b>ELARC</b>	16	26	<b>42</b>
<b>FDLRC</b>	17	45	<b>62</b>
<b>IRC</b>	5	26	<b>31</b>
<b>KRC</b>		1	<b>1</b>
<b>NLACRC</b>	20	48	<b>68</b>
<b>RCOC</b>		10	<b>10</b>
<b>SARC</b>		2	<b>2</b>
<b>SCLARC</b>	7	26	<b>33</b>
<b>SDRC</b>	1	17	<b>18</b>
<b>SGPRC</b>	23	54	<b>77</b>
<b>TCRC</b>		7	<b>7</b>
<b>WRC</b>	4	4	<b>8</b>

\*LDC POP includes people on leave, but not on provisional placement.

#### Regional Center Communities

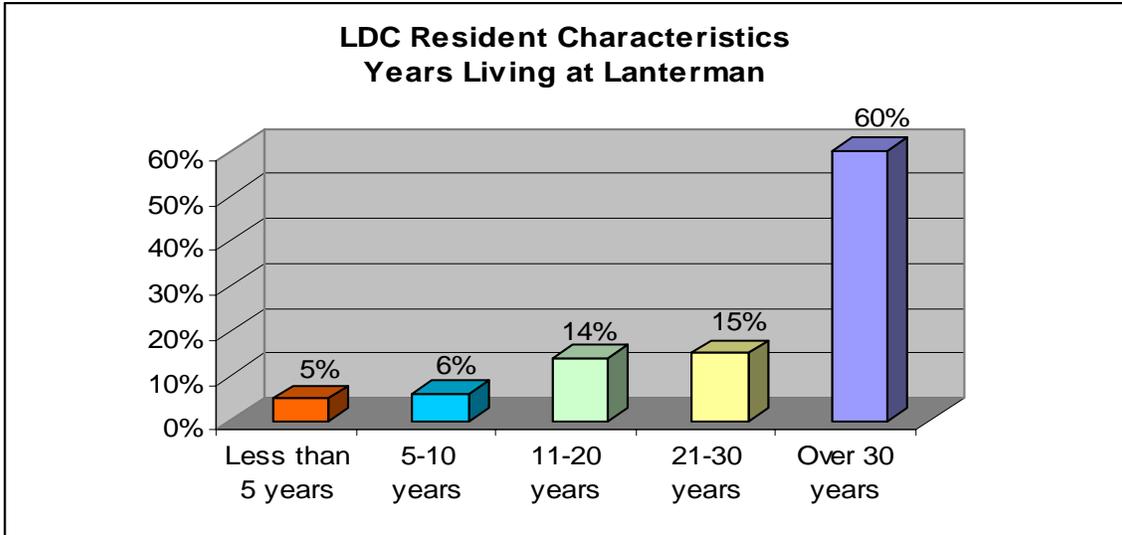
Lanterman is primarily a resource to the Southern California area with over 99 percent of the individuals who reside at Lanterman being served by a Southern California RC. The following 12 RCs are actively involved with Lanterman, with data reflected as of December 1, 2010:

<b>Regional Center</b>	<b>Residents Served</b>	<b>Percent</b>
San Gabriel/Pomona RC	77	21%
North Los Angeles County RC	68	19%
Frank D Lanterman RC	62	17%
Eastern Los Angeles RC	42	12%
South Central Los Angeles RC	33	9%
Inland RC	31	9%
San Diego RC	18	5%
RC of Orange County	10	3%
Westside RC	8	2%
Tri-Counties RC	7	2%
San Andreas RC	2	<1%
Kern RC	1	<1%

#### Length of Residence

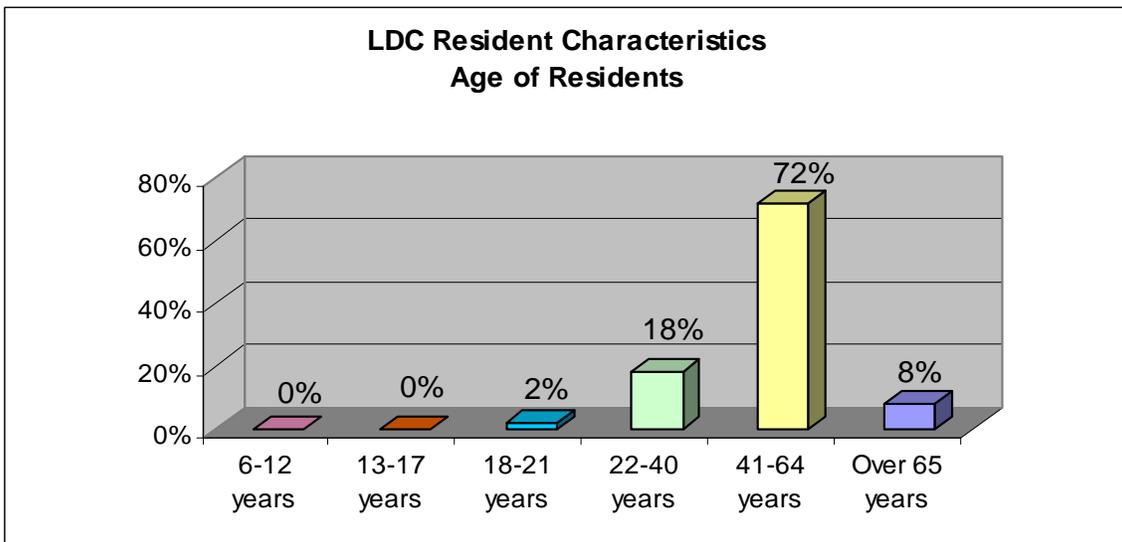
The majority of residents have lived at Lanterman for many years with 60 percent residing there for more than 30 years. The breakdown on the length of stay for

the remaining residents shows 15 percent has made Lanterman their home for 21 to 30 years, 14 percent for 11 to 20 years, 6 percent for five to 10 years, and 5 percent for fewer than five years.



#### Age of Residents

Eighty (80) percent of Lanterman's population is over age 40. Of this group, residents who are 65 years of age or older make up 8 percent of the population with the oldest resident being 85 years of age. In contrast, there are no children under 18 years of age at Lanterman, and only nine residents are under 21 years of age.



#### Gender and Ethnicity

The resident population at Lanterman is diverse in both gender and ethnicity with 57 percent of the population male and 43 percent female. Sixty-nine (69) percent

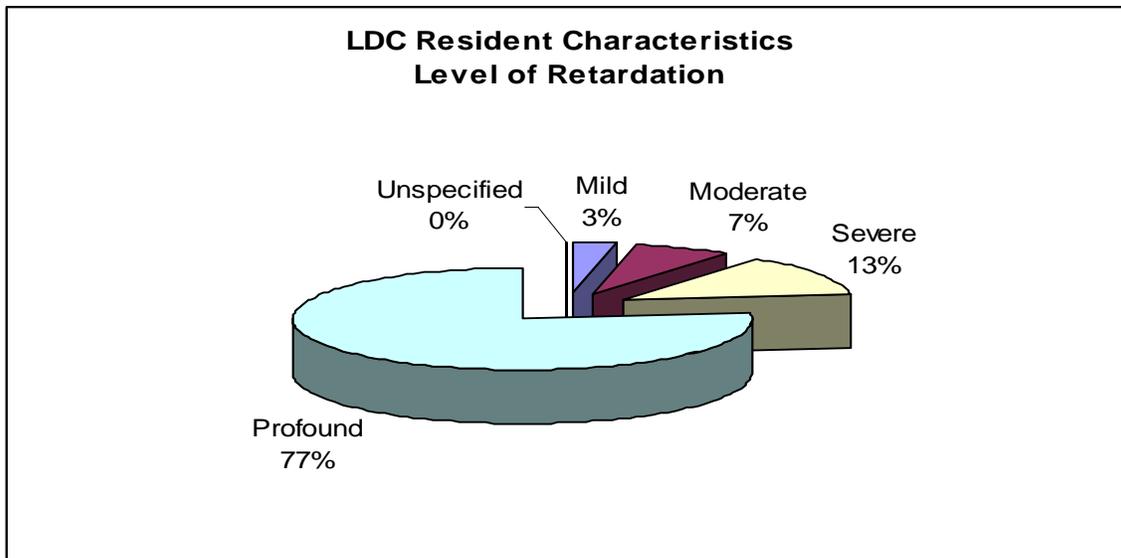
of the population is Caucasian, 18 percent Hispanic, 8 percent African American, 4 percent Asian and Pacific Islander, and the remaining small percentage is identified as “Filipino” and “Other.”

### Developmental Disability

Section 4512(a) of the Lanterman Act defines developmental disability as a:

“... [d]isability that originates before an individual attains age 18, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual. . . [T]his term shall include mental retardation, cerebral palsy, epilepsy, and autism. ... [and other] conditions found to be closely related to mental retardation or to require treatment similar to that required for individuals with mental retardation, but shall not include other handicapping conditions that are solely physical in nature.”

Seventy-seven (77) percent of the residents at Lanterman have profound mental retardation and 13 percent have severe mental retardation. The remaining 10 percent are persons who have been assessed with mild and moderate levels of mental retardation. A majority of residents have additional disabilities, including 53 percent of the population with epilepsy, 14 percent with autism, and 11 percent with cerebral palsy. In addition, 74 percent of the residents have challenges with ambulation, 46 percent have vision difficulties, and 19 percent have a hearing impairment.



### Primary Service Needs

Residents at Lanterman require a variety of services and supports. The following information defines five broad areas of service and identifies the number of residents for whom that service is their primary need:

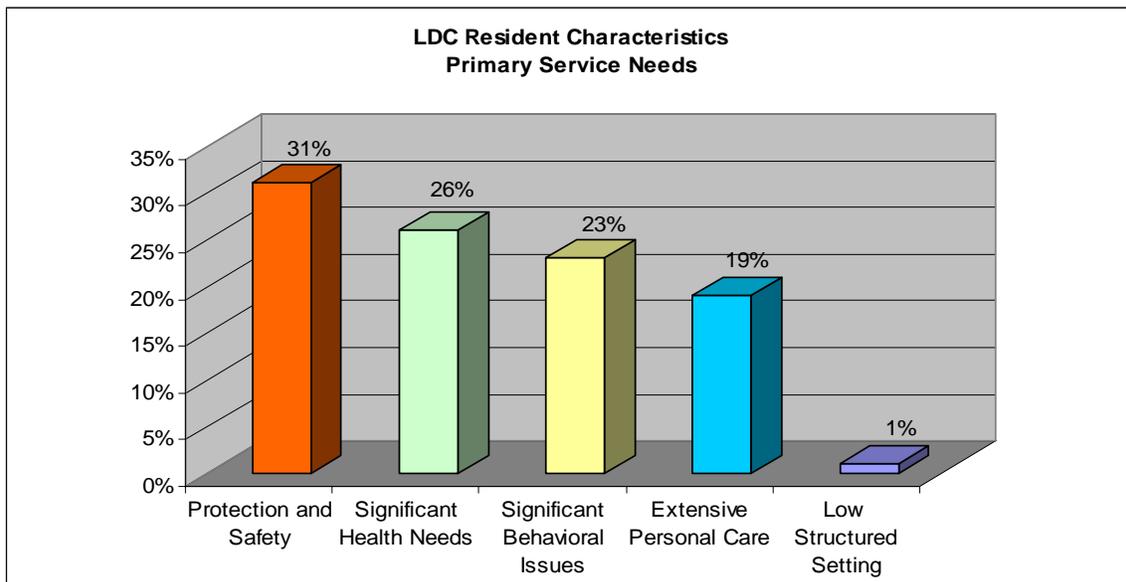
**Protection and Safety:** This refers to those individuals who need a highly structured setting because of a lack of safety awareness, a pattern of self-abuse or other behavior requiring constant supervision and ongoing intervention to prevent self-injury. One hundred thirteen (113) of the residents (31 percent) require highly structured services as their primary service need.

**Significant Health Care Services:** This includes the need for intermittent pressure breathing, inhalation assistive devices, tracheotomy care, or treatment for recurrent pneumonias or apnea. Significant nursing intervention and monitoring are required to effectively treat these individuals. Ninety-four (94) of Lanterman’s residents (26 percent) have significant health care needs as their primary service need.

**Significant Behavioral Support:** This need addresses individuals who have challenging behaviors that may require intervention for the safety of themselves or others. Eighty-two (82) residents (23 percent) have been identified as requiring significant behavioral support as their primary service need.

**Extensive Personal Care:** This need refers to people who do not ambulate, require total assistance and care, and/or receive enteral (tube) feeding. Sixty-seven (67) residents of Lanterman (19 percent) require extensive personal care as their primary service need.

**Low Structured Setting:** This service need addresses those residents who do not require significant behavioral support or intervention but do require careful supervision. Only three Lanterman residents (1 percent) are in this category.



## **RESIDENTS OF LANTERMAN TRANSITIONED TO THE COMMUNITY**

From January 1, 2010 to December 1, 2010, there were 32 residents who transitioned from Lanterman into community settings. Of these 32 residents, one individual transitioned from one of the facility's NF residences, and the remaining 31 individuals were from the facility's ICF residences. The following sections identify the demographics of the 32 individuals who transitioned into community settings:

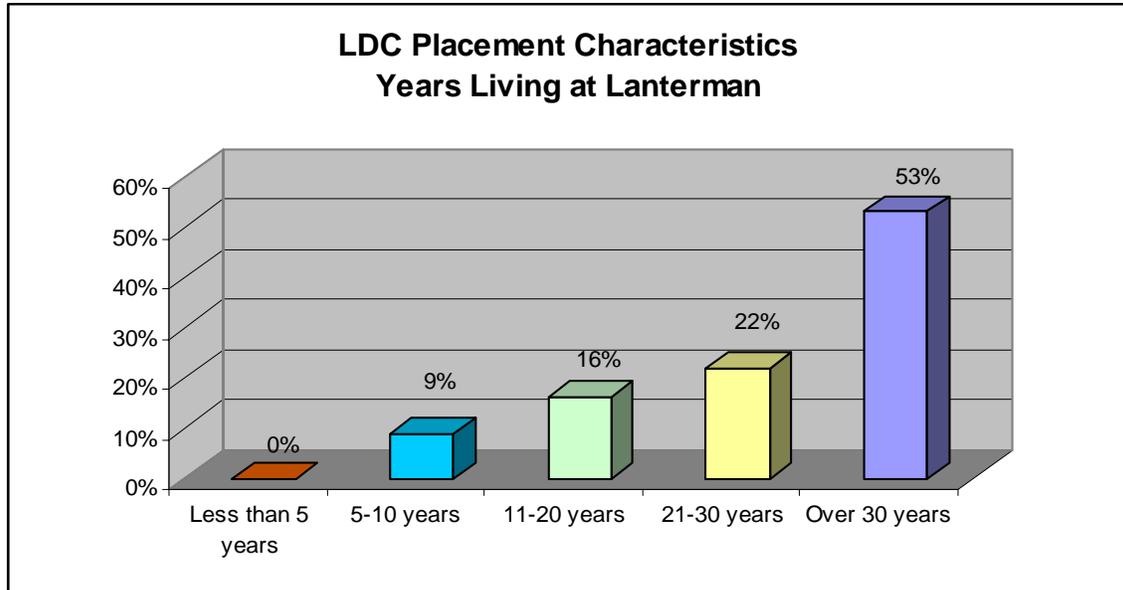
### Regional Center Communities

Following are the RCs providing services to the 32 former Lanterman residents who transitioned into the various communities during the period of January 1, 2010 to December 1, 2010:

<b>Regional Center</b>	<b>Individuals Receiving Services</b>
San Diego RC	7
Inland RC	6
Frank D. Lanterman RC	4
North Los Angeles County RC	3
Westside RC	3
Eastern Los Angeles RC	2
RC of Orange County	2
San Gabriel/Pomona RC	2
South Central Los Angeles RC	2
Tri-Counties RC	1
Kern RC	0
San Andreas RC	0

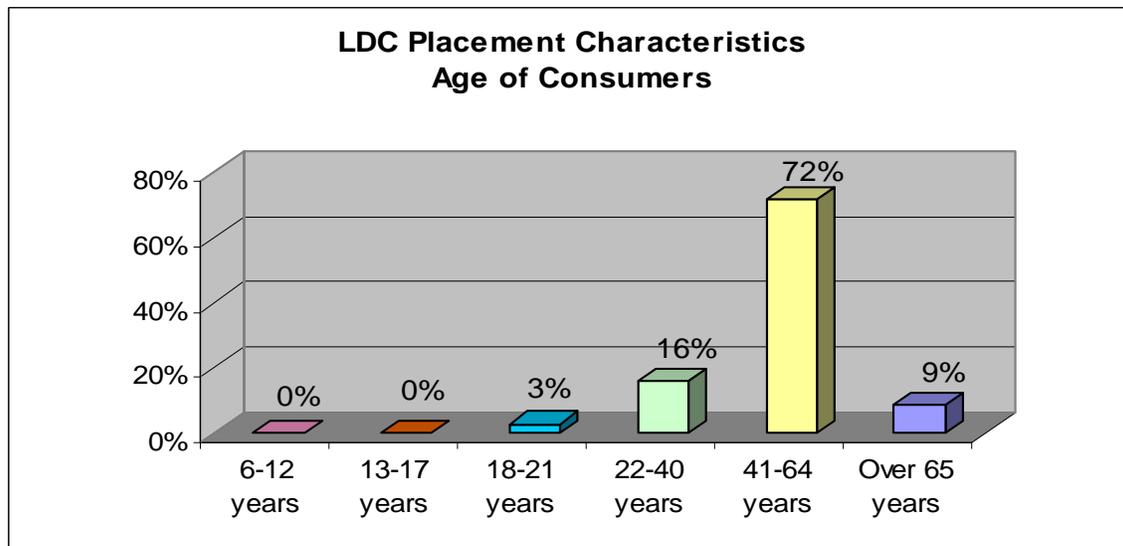
### Length of Residence

Similar to the overall population at Lanterman, the majority of the 32 residents living in the community were at Lanterman for many years. Fifty-three (53) percent lived at Lanterman for more than 30 years. The breakdown on the length of residency for the remaining individuals shows 22 percent lived at Lanterman for 21 to 30 years, another 16 percent for 11 to 20 years, and 9 percent for 5 to 10 years. Of the 32 residents who transitioned to the community, none had lived at Lanterman for fewer than 5 years.



**Age of Consumers**

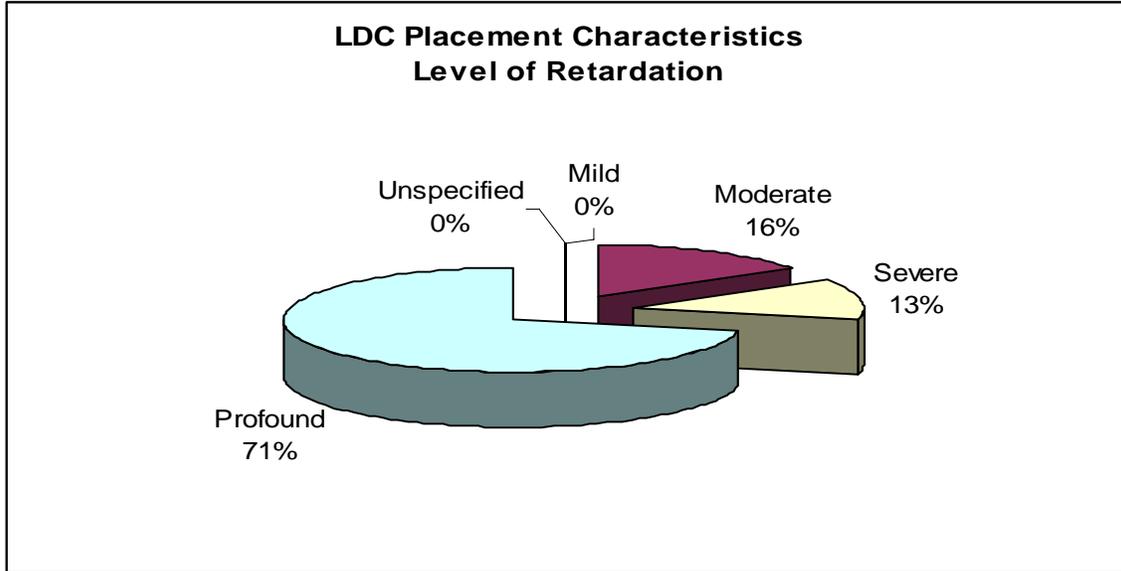
Eighty-one (81) percent of the individuals transitioned into the community are over age 40. Nine (9) percent of this group is 65 years of age or older and 72 percent is 41 to 64 years of age. Sixteen (16) percent is 22 to 40 years of age, and there is one consumer under age 21.



**Developmental Disability**

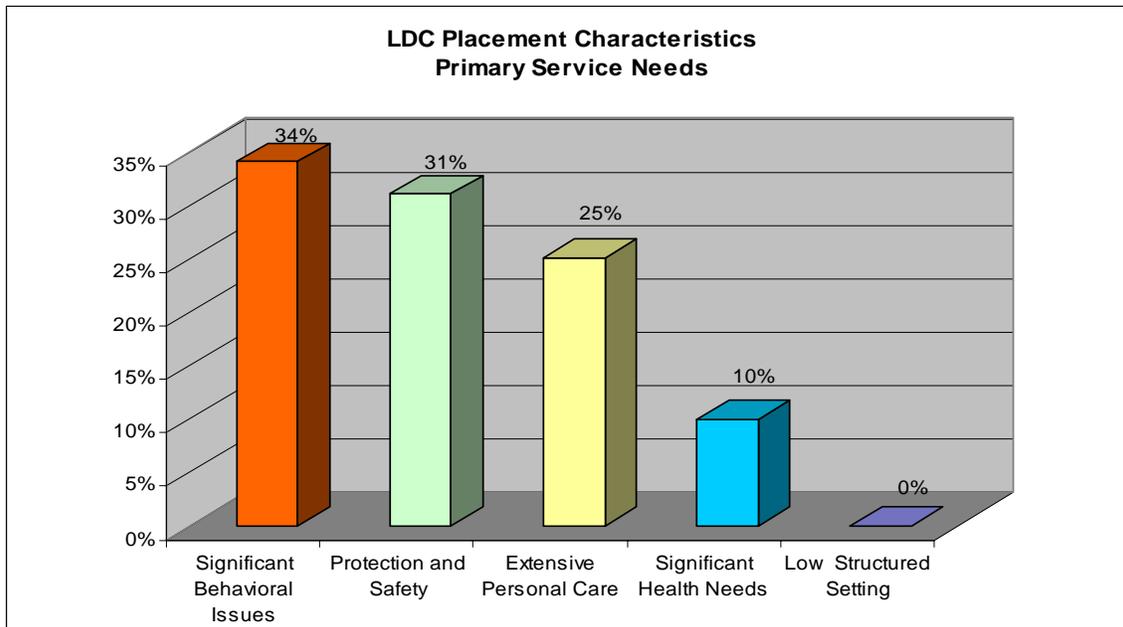
Seventy-one (71) percent of the consumers who were placed in the community have profound mental retardation and 13 percent have severe mental retardation. The remaining 16 percent are persons who have been assessed with moderate levels of mental retardation. None of the individuals who were placed in the community have mild mental retardation. A majority of consumers have

additional disabilities including 50 percent of the population with epilepsy and 3 percent with autism. In addition, 72 percent of the residents have challenges with ambulation, 44 percent have vision difficulties, and 16 percent have a hearing impairment.



Primary Service Needs

Residents at Lanterman require a variety of services and supports. Of the individuals placed in the community, 34 percent need Significant Behavioral Support, 31 percent need Protection and Safety, 25 percent require Extensive Personal Care, and 10 percent have Significant Health Needs. None of the individuals were identified to be in need of a Low Structured Setting.



Community Living Arrangements

Of the 32 consumers who transitioned to the community, 26 moved to Adult Residential Facilities, licensed by DSS; 2 moved into a licensed Residential Care Facility for the Elderly (RCFE) also licensed by DSS; 2 individuals are being served in a Congregate Living Health Facility, licensed by CDPH; 1 individual is being served in an ICF, licensed by CDPH; and 1 moved to their family's home.

## **Employees of Lanterman**

The Department is committed to the establishment and implementation of employee supports that promote workforce stability and provide opportunities for employees to determine their future. The Department has already conducted several employee forums for staff to provide input for consideration in the planning process. Department management continues to meet regularly with employees at Lanterman to share information, hear employee issues and respond to questions. Additionally, the SSAG has been convened to address employee needs and related staffing issues, as discussed further, below. Special meetings have also been held between management and union representatives, specifically the American Federation of State, County, and Municipal Employees (AFSCME) Local 2620, AFL-CIO; the California Association of Psychiatric Technicians (CAPT); the Service Employees International Union (SEIU) Local 1000; the International Union of Operating Engineers (IUOE); the California Statewide Law Enforcement Association (CSLEA); and the Union of American Physicians and Dentists (UAPD) Local 206, AFL-CIO. These meetings provide the opportunity for the unions and the Department to communicate on closure issues and the needs of employees to be considered during the closure process.

It is the intent of the Department to help mitigate the impact on employees of the closure of Lanterman. In support of this commitment, employees will be:

- Kept up-to-date with accurate information to assist them in understanding their choices and rights before making decisions that could impact their futures.
- Encouraged to seek new opportunities to serve individuals with developmental disabilities within the developmental center or community service system.
- Offered assistance to help develop personal plans that support their objectives and maximize their expertise.
- Provided with opportunities to enhance their job skills.

### **STAFF SUPPORT ADVISORY GROUP**

The Department recognizes the importance of retaining experienced staff at Lanterman throughout the closure process. To support the Department's goal of ensuring adequate staffing to maintain normal operations and to assist Lanterman employees in developing personal plans for their future, the SSAG has been convened. The membership includes a large cross section of LDC employees representing all labor bargaining units and management, one family member of a Lanterman resident, and representatives from DDS.

The SSAG will make recommendations to the LDC Executive Team and DDS to help ensure continuity of the staffing, meet the needs of transitioning employees, and assist in identifying morale-boosting activities that encourage camaraderie among the staff.

A key objective of the SSAG is the establishment of employee supports that promote workforce stability as well as opportunities for employees to determine future options. An employee career center will be developed to provide personal assistance for each employee to identify future interests, and become equipped with the knowledge they need to successfully achieve their goals.

Accurate and timely communication throughout the closure process is essential to achieve stability in the workforce. Communications within all levels of the LDC organization will occur to ensure employees are kept informed about the progress of the closure, morale-boosting activities, and available career opportunities.

The SSAG has been meeting monthly since September 2010 and will continue to meet monthly until the LDC Executive Team is satisfied that the supports for LDC employees have been sufficiently recognized and the recommendations from the group considered and, if approved, implemented.

### **CAREER CENTER**

A Career Center will be established at Lanterman to provide personal support for each employee, assist employees in identifying their future interests, and equip employees with the knowledge they need to successfully achieve their goals.

As part of the SSAG function, the Lanterman employees will be surveyed to obtain information on their future employment interests, including relocation to another developmental center; and also to solicit from them the resources and assistance they believe are needed during the closure.

On behalf of Lanterman's employees, contact has already been made with the California Employment Development Department's Los Angeles County Rapid Response Coordinator and the Los Angeles Urban League Pomona WorkSource Center. These entities stand ready to provide the comprehensive services as specified in the Workforce Investment Act (WIA) and assist Lanterman in providing Career Center services that include education and information related to interview skills, resume preparation, unemployment benefits, the California Training Benefits program, credit counseling and Employee Assistance Program services.

## EMPLOYEE COMPOSITION

### Time Base and Years of Service

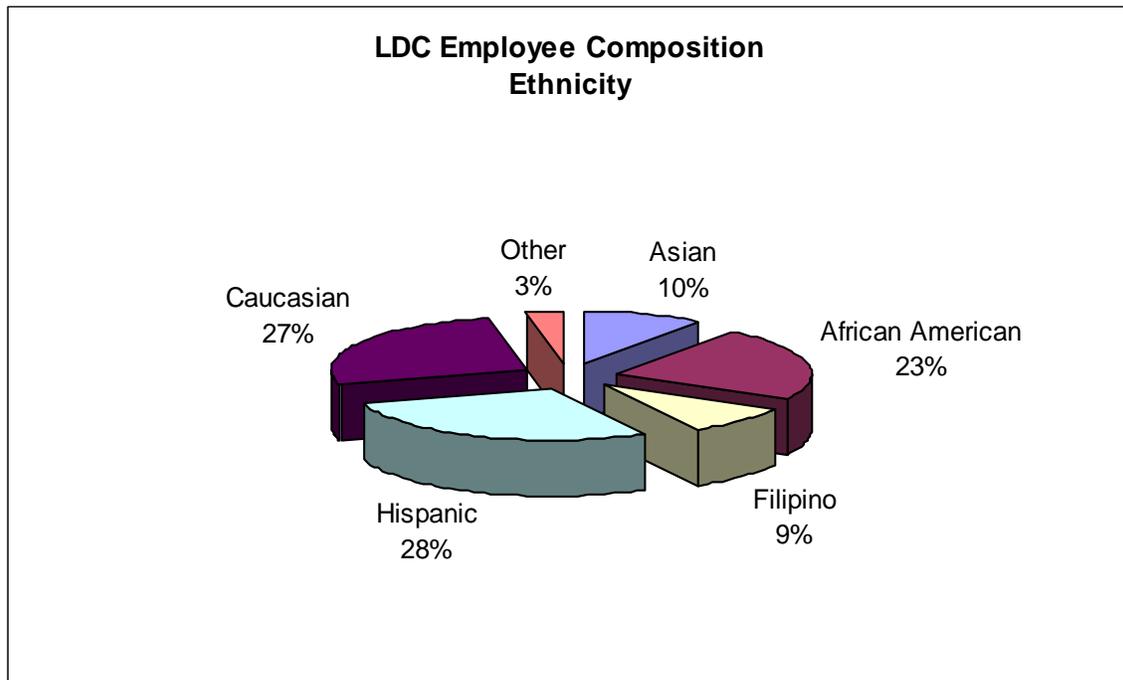
As of December 2010, there were 1,175 employees at Lanterman. Of these employees, 92 percent are full-time, 4 percent are part-time, and the remaining 4 percent are intermittent, temporary, or limited-term.

Less than one-half of the employees (42 percent) have worked at Lanterman for 10 years or less. Thirty-four (34) percent of the employees have worked at the facility between 11 and 20 years. The remaining 24 percent have worked at Lanterman for 20 years or more.

### Demographics

Sixty-five (65) percent of the Lanterman workforce is female. Of the total workforce, 45 percent of employees are 50 years of age or older and 24 percent of employees are between 43 and 50 years of age.

Employees at Lanterman are from diverse ethnic backgrounds. The employees who identify themselves as Hispanic comprise 28 percent of the workforce, and those who identify themselves as Caucasian are 27 percent of the Lanterman workforce. The next most predominant group, representing 23 percent of the workforce, are employees who identify themselves as African American, followed in decreasing numbers by Asian employees who represent 10 percent of the workforce, Filipino employees who represent 9 percent, and the remaining 3 percent of staff identifying themselves as "Other."



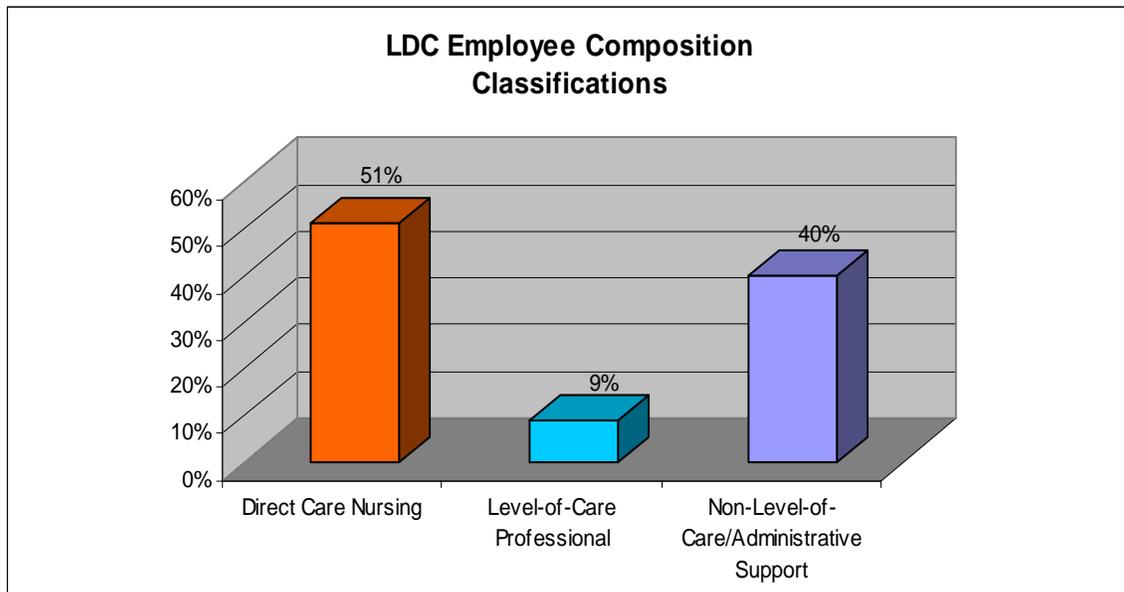
**Classifications**

A wide range of employees and classifications provide services to people residing at Lanterman. The classifications fall into one of the following three categories:

**Direct Care Nursing:** The direct care nursing classifications make up 51 percent of the employee population and include those employees who are assigned to shifts and fulfill required staffing minimums for providing direct care services to the men and women residing at Lanterman. These employees are primarily registered nurses, psychiatric technicians, psychiatric technician assistants, and trainees or students.

**Level-of-Care Professional:** The level-of-care professionals make up 9 percent of the total employee population and include physicians, rehabilitation therapists, social workers, teachers, physical and occupational therapists, respiratory therapists, vocational trainers, and others who also provide a direct and specialized service for the residents at Lanterman but are not in classifications included in the direct care nursing minimum staffing ratios.

**Non-Level-of-Care and Administrative Support:** The remaining 40 percent of the employee population includes those who are in non-level-of-care nursing positions but provide other direct services to residents, and also administrative support. This includes dietary employees such as cooks and food service workers, plant operations staff, clerical support, personnel and fiscal services employees, health and safety office staff, quality assurance reviewers, and all facility supervisors and managers.



**Employee County of Residence**

Lanterman employees primarily live in one of four counties near LDC. Forty-seven (47) percent live in Los Angeles County, 40 percent reside in San Bernardino County, another 7 percent reside in Riverside County, and 5 percent live in Orange County. Only 1 percent of employees reside in a county other than one of the four identified above.

**EMPLOYEE TRANSFERS, SEPARATIONS AND RETIREMENTS**

For the period of January 1, 2010 to December 1, 2010, there have been a total of 118 employees who left Lanterman, as follows:

TYPES OF SEPARATION						
Month	Transfer	Retirement	Resignation	Limited Term Expired	Other*	Total
January	2	2	1			5
February	1	1	0			2
March	2	3	1			6
April	3	14	1		1	19
May	3	3	5			11
June	8	8	3			19
July	11	5	1			17
August	8	0	3			11
September	10	2	2			14
October	2	0	2		1	5
November	5	2	1		1	9
December						0
<b>YTD</b>	<b>55</b>	<b>40</b>	<b>20</b>	<b>0</b>	<b>3</b>	<b>118</b>

\* Dismissal or Other Causes

The following types of staff by classification group that left Lanterman since January 1, 2010, are:

- 15 Level of Care-Professional, or 13 percent;
- 41 Level of Care-Nursing, or 35 percent; and
- 62 Non-Level of Care, or 52 percent.

**MANAGEMENT OF STAFFING UNTIL CLOSURE**

The Department is working directly with the Lanterman Executive Staff to assure that sufficient staffing levels are maintained to meet certification standards throughout the closure, based on the number and acuity of the residents. Employee retention during the closure and transition process is, and will remain, a high priority to assure continuity of services and to protect our most valuable resource, the expertise and commitment of a dedicated workforce.

**STATE STAFF IN THE COMMUNITY**

The trailer bill to the Budget Act of 2010 (SB 853, Chapter 717, Statutes of 2010, Budget Committee), enacted October 19, 2010, authorized Department

employees working at Lanterman to work in the community with former residents while remaining state employees for up to two years following the transfer of the last resident from Lanterman, unless a later enacting statute deletes or extends this provision. This program is referred to as the State Staff in the Community Program. Much like the program for Agnews closure, Lanterman employees will, through contract, be able to directly support former residents of Lanterman in their new homes, and thereby enhance the quality of services in the community. A marketing plan is being developed to provide information, generate interest, and obtain feedback from employees at Lanterman, as well as RCs and service providers who may seek to contract with Lanterman to participate in the program. This initial information will help define the next steps and timing for program implementation.

## **Lanterman Property**

DDS continues to work with the Department of General Services (DGS) in managing the closure process for the developmental center property. In accordance with Government Code sections 11011 and 11011.1 (Attachment 9 of the Plan) concerning surplus state property, the land will be declared excess by DDS when it is no longer needed. DGS will then report to the Legislature that the land is surplus. After the Legislature approves the property as surplus, DGS will take the lead in determining the future use of the property, and the disposition of the property will follow the established process.

## **Fiscal Update**

The closure of Lanterman will occur after the last resident transitions to his or her new living situation. To ensure the health and safety of individuals, transition will only occur after services and supports are available. The Department believes it can manage the closure of Lanterman within existing funding levels. The Department has provisional language in the Budget Act of 2010 that allows flexibility to move funding between items of appropriation within the Department's budget during the closure process.

The Department, working with the RCs, continues to anticipate the transition of approximately 100 residents to community living arrangements during Fiscal Year 2010-11. The Governor's Budget for 2011-12 anticipates the transition of another 100 residents to community living arrangements in Fiscal Year 2011-12.

The chart on page 39 summarizes the Lanterman closure-related funding in Fiscal Years 2010-11 and 2011-12, consistent with the Governor's Budget. The budget for the Developmental Center Program reflects staffing and costs on a system-wide basis. The budget is then allocated to the facilities. The information contained in the chart reflects Lanterman's share of system-wide costs. Below is a general description of closure-related costs in the Developmental Center and Regional Center Estimates.

### **DEVELOPMENTAL CENTER COSTS**

The Department, in developing the 2011-12 budget, used normal staffing standards which resulted in a net reduction of 219 positions and a decrease of \$15 million (\$8.2 million General Fund) based on a reduction of 100 residents at Lanterman. These standards are designed for day-to-day operations but do not provide the resources a developmental center requires during closure. Therefore, the developmental center budget retains 88 positions and \$15 million (\$6.6 million General Fund) for the ongoing delivery of services to residents; the support needed for the transition of residents out of Lanterman; preparations for closure; and the ongoing maintenance required to operate the facility as follows:

- Closure Related Staff:
  - Nursing: During a closure process, there is an ongoing need to provide staffing to ensure the quality of care to residents while maintaining a fiscally responsible process. During Agnews closure, the consolidation process generated moves within Agnews that were required of residents, which affected the stability of services and increased the potential of transfer trauma. The Department has committed to residents and families of LDC that a strategic planning effort will be implemented to reduce the overall number of moves any one resident may incur prior to leaving LDC. In order to meet this commitment and

continue to ensure the health and safety of Lanterman residents, staff will be retained beyond staffing standards to provide direct nursing care.

- Administration Transition and Closure Activities have been identified that will support each of the closure activities associated with the corresponding administrative functions including: overall coordination with RCs, community providers and developmental center staff; confidential records management; equipment inventory and disposition; resident property transfer; property maintenance and upkeep; and employee separations, including activities associated with retirements, layoffs or transfers of employees.
- Resident Transition and Placement Support activities to ensure a safe and smooth transition for each resident will require staffing for the RRDP. Closure activities increase the number of residents transitioning from a developmental center at any given time. Areas requiring greater staff efforts include staff escorts for transportation and transitioning of residents, cross training for community staff, and significant monitoring and coordination activities. For example, additional support is needed to assure that local health care plans and RC staff have all of the necessary information and training for a seamless transition of health care services.
- State Staff in the Community allows Lanterman employees, through contract, to directly support former residents of Lanterman in their new homes, and thereby enhance the quality of services available in the community. One position is needed to initiate the planning and administrative aspects of this program including coordination with RCs and providers, negotiating and processing contracts for services, negotiations with employee unions, and appropriate communications and coordination with staff participating, or desiring to participate in the program. The Department, in developing the estimate for the 2011-12 budget, assumed this position would support 39 employees working in community settings.
- Staff Support Costs / Resident Transition includes:
  - Costs related directly to the transfer of residents to new living arrangements, including staff overtime, resident transportation and other relocation costs.
  - Costs for “cash out” of accrued vacation, annual leave, personal leave, holiday credit, certified time off (CTO), and excess time for employees separating from state service due to retirement or layoff. It is anticipated that incremental employee separations will occur throughout the closure process which will result in costs for cash-outs

and unemployment insurance. The Department is monitoring the resident population changes and the associated staffing by classification to manage the need for layoff, which is not expected to occur until later in the closure process.

The following costs are not budgeted in Fiscal Year 2011-12, but are listed here as future fiscal issues to be identified in subsequent Fiscal Years:

- Administrative staff temporarily needed after closure to ensure records are properly retained and stored, confidentiality is preserved, and essential historical documents are chronicled and maintained.
- Staff needed after closure to maintain the physical plant until the property is transferred through the state surplus property process. This period is often referred to as “warm shut-down.”
- Staff and associated costs needed to operate an Outpatient Clinic at Lanterman to provide a safety net for medical, dental and behavioral services for residents as they transition to new living arrangements. Pursuant to statute, the clinic will remain in operation after closure, until the Department is no longer responsible for the property.

It should be noted that the fiscal analysis does not include any assumptions associated with the disposition of the Lanterman property, which is handled separately by DGS.

#### **REGIONAL CENTER/COMMUNITY COSTS**

The Department is committed to ensuring the availability of necessary services and supports for Lanterman residents transitioning into the community. The Community Program costs will be funded from CPP and Purchase-of-Service (POS) resources contained annually in the Department’s budget. The RC costs associated with the closure of Lanterman include:

- Community resource development through the CPP for residential and day services, among others, and related RC Operations, as follows:
  - For the closure of Lanterman, POS funding is provided through the CPP for start-up costs associated with new residential and day program providers; assessments by non-regional center clinicians; and placement and ongoing services and supports needed by Lanterman residents transitioning to the community during the Fiscal Year.
  - For those RCs that have residents at Lanterman, Operations funding is provided for staffing to conduct needs assessments; work with Lanterman residents, families, and staff to ensure a safe transition to

the community; plan, develop, and implement needed community resources; and provide case management services to consumers and their families.

- Staff resources through the MFP grant, as described in detail earlier in this report, for identification of and arrangements for services and supports for residents transitioning to the community, and case management and quality assurance functions; and
- Ongoing service and support costs in subsequent years funded from the non-CPP POS budget. These ongoing RC costs are associated with former residents of LDC who have transitioned to the community and are no longer funded by CPP. Their costs are reflected in the caseload/utilization trends in the Regional Center Estimate, since the Estimate is developed from data that includes the closure activities of the past several years for Agnews and the Sierra Vista Community Facility.

**Fiscal Update Summary**

**LANTERMAN DEVELOPMENTAL CENTER:**

<b>2010-11 LDC Share of Budgeted DC Costs:</b>	<b>\$101,966,897</b>
<i>Level-of-Care</i>	\$63,241,205
<i>Non-Level-of-Care</i>	\$38,725,692
Totals, Positions	1,244.0

<b>2011-12 Totals, LANTERMAN DEVELOPMENTAL CENTER:</b>	<b>\$101,966,897</b>
<i>Level-of-Care</i>	\$63,559,041
<i>Non-Level-of-Care</i>	\$38,407,856
Totals, Positions	1,113.0

<b>2011-12</b> Redirect resources from population driven changes for closure related activities (\$15 million):	
--	--

<b>Closure Related Staff</b>	
<b>Totals, Closure Related Staff</b>	<b>\$7,275,000</b>
<i>Nursing</i>	4,332,000
<i>Administration Transition and Closure Activities</i>	1,149,000
<i>Resident Transition and Placement Support Activities</i>	1,794,000
Totals, Positions	87.0

<b>State Staff in the Community</b>	
<b>Totals, State Staff</b>	<b>\$2,997,000</b>
<i>Administration for State Staff</i>	63,000
<i>Direct Support Services / Clinical Team</i>	2,934,000
Totals, Positions	1.0

<b>Staff Support Costs / Resident Transition</b>	
<b>Totals, Staff Support Costs/Resident Transition</b>	<b>\$4,733,000</b>
<i>Overtime for Resident Transfers</i>	175,000
<i>Resident Relocation Cost</i>	985,000
<i>Staff Leave Balance Cash Out</i>	1,941,000
<i>Unemployment Insurance</i>	1,632,000
Totals, Positions	0.0

<b>Net Funding Change from 2010-11</b>	<b>\$0.00</b>
<b>Net Position Change</b>	<b>-131.0</b>

**REGIONAL CENTERS:**

<b>Community Placement Plan: LDC Closure Share of Funds</b>	<b>\$50,677,000</b>
<b>Totals, Operations</b>	8,738,000
<b>Totals, Purchase of Service (POS)</b>	41,939,000
<b>Closure Related Staff (CCT/MFP)</b>	
<b>Totals, Closure Related Staff</b>	<b>\$3,537,000</b>
Totals, Positions	34.0

<b>2011-12 Totals, REGIONAL CENTERS:</b>	
<b>Totals, Regional Centers <sup>1/2/</sup></b>	<b>\$54,214,000</b>

<sup>1/</sup> Unchanged from 2010-11

<sup>2/</sup> The ongoing RC costs associated with former residents of LDC who have transitioned into the community and are no longer funded by CPP, are reflected in the caseload/utilization trends in the Regional Center Estimate for 2011-12. The estimate is developed from data that includes the closure activities of the past several years (Agnews and Sierra Vista Community Facility).

## Major Implementation Steps and Timelines

The major implementation steps and timelines for the closure of Lanterman are identified in the table below. The steps and timelines have been updated from the table that was provided in the original Plan submitted to the Legislature on April 1, 2010.

<b>ACTIVITY</b>	<b>DATE(S)</b>	<b>STATUS</b>
The Department announces its proposal to close LDC.	January 29, 2010	Completed
Initial meetings with: <ul style="list-style-type: none"> <li>▪ LDC residents</li> <li>▪ Family members of LDC residents</li> <li>▪ Employees and their bargaining unit representatives</li> <li>▪ Local officials/legislators</li> <li>▪ RCs</li> <li>▪ Community service providers</li> <li>▪ Local businesses</li> <li>▪ Managed care health plans</li> </ul>	February/March 2010	Completed
Work with RCs regarding CPP development and community capacity in RC catchment areas	February 2010 - Closure	Ongoing
Coordinate with DHCS, CDPH, DSS & the California Health and Human Services Agency	February 2010 - Closure	Ongoing
Public Hearing on the proposed closure of LDC	February 24, 2010	Completed
Implement a process to ensure timely notification to stakeholders and appropriate entities regarding closure activities, including development of website	March 2010	Ongoing. Formal updates are provided with the Governor's Budget and May Revision, through special communications, and on the website.
Work with local Managed Care Health Plans ensuring availability of health services	March 2010 - Closure	Ongoing. Efforts are underway to establish MOUs and protocols between DDS and DHCS, and RCs and health plans.
Submission of the LDC Closure Plan to the Legislature	April 1, 2010	Completed

<b>ACTIVITY</b>	<b>DATE(S)</b>	<b>STATUS</b>
Legislative Budget Hearings/Testimony on the Plan.	April – June 2010	Completed
Submit legislation associated with ARFPSHN and State Staff in the Community	April 2010	Completed
Establish and convene Advisory Groups for: <ul style="list-style-type: none"> <li>▪ Resident Transition</li> <li>▪ Quality Management</li> <li>▪ Staff Support</li> </ul>	April 2010	Completed
Budget Act of 2010 and Trailer Bill enacted, authorizing closure.	October 8 &19, 2010, respectively *	Completed
Initiate individualized transition planning process	October 2010*	Ongoing
Develop and implement individual health transition plans for residents	November 2010 – Closure*	Ongoing
Establish dental coordinator and health care consultant positions at identified RCs	November 2010*	Completed. Positions have been allocated to RCs as approved through the MFP Grant.
Plan for the deployment of state employees to community services and work with RCs and providers to determine numbers and types of state employees who may be interested and for what functions	October 2010 – Two years after closure*	Ongoing
Transition of residents from LDC	2010 - Closure	Ongoing
Establish an LDC Business Management Team to develop a plan for the administrative and physical plant activities of closure	February 2011*	Ongoing
Develop and open an outpatient clinic to provide transition services as residents leave LDC	October 2010*	In process
Establish LDC consumer specific MOUs between health plans and RCs.	March - June 2011*	In process
Official closure of LDC	After all residents have moved	To be determined
Post-closure clean-up activities at LDC	Initial months following closure	To be determined
Warm shutdown begins (if transfer of property does not immediately occur)	Upon closure and until property is transferred	To be determined

\* Updated to reflect enactment of the budget and/or trailer bill.